

Form 3813

07087

RECEIPT FOR INSURED MAIL

GPO 16—13285

No. _____

Postage _____ cts.

Insurance
fee paid _____ cts.

Fragile _____

Perishable _____

Eggs _____

DOMESTIC (Including Canada and Newfoundland)

FEES

5c _____	Value up to \$5
10c _____	Value up to \$25
15c _____	Value up to \$50
25c* _____	Value up to \$100
30c _____	Value up to \$150
35c _____	Value up to \$200

INDEMNITY

* Maximum chargeable to Newfoundland. Apply at post office window for information concerning fees applicable to insured mail for foreign countries.

Fee paid for return receipt _____ cts.

Restricted delivery fee _____ cts.

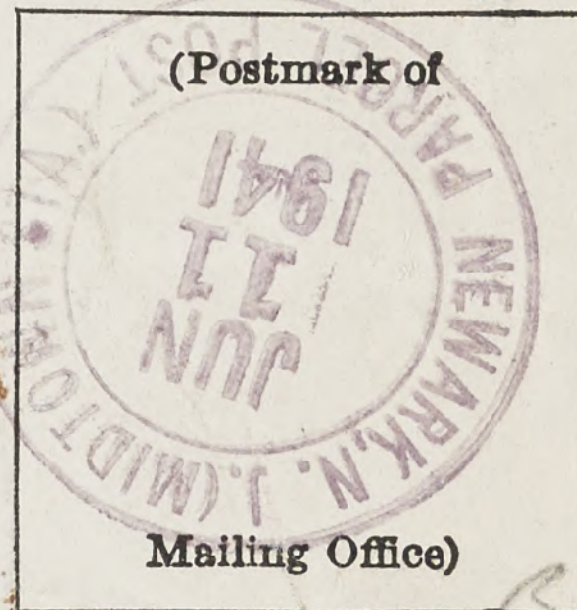
Special delivery fee _____ cts.

Special handling charge _____ cts.

Accepting employee will place his initials in spaces applicable to indicate endorsements and insert the fees paid.

The sender should write the name of the addressee on back hereof as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity. Indemnity claims must be filed within 6 months from date of mailing.

(Postmark of



Mailing Office)

POSTMASTER,

By _____